SCHEDULE B (FEC Form 3X)		Use separate schedule(s) for each category of the Detailed Summary Page		OR LINE	E NUMBI	PAGE 17/18					
TEMIZED DISBURSEMENTS				21b 27	22 28a	X 23 28b		24 28c	25 29		26 30
Any Information copied from such Reports and State											
or for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full)	ne and address	s of any political c	comm	ittee to s	Olicit com	tributions ti	rom :	such co	ommittee		
NATIONAL ACTIVE AND RETIRED FEDI (NARFE-PA	ERAL EMPL	OYEES ASSO	CIA	ΓΙΟΝ P	OLITICA	AL ACTIC	ON (СОМ			
Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS					Date	saction ID of Disburs	eme				
Mailing Address P. O. BOX 10541					0 ^M 9	M / D	0 9	/ L	ž 0 ŏ 9	9 ^Y	
City NAPA	State CA	Zip Code 94581			Amo	unt of Each	n Dis	burser	nent this	Perio	bd
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POMEROY FOR CONGRESS					Date	of Disburs		ent	· v · v	V	
Mailing Address PO BOX 9336					1 1 1	M / D.	1 9		žoŏs	9 '	
City FARGO	State ND	Zip Code 58106			Amo	unt of Eacl	n Dis	burser	nent this	Perio	bd
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Candidate Name Rep. EARL RALPH POMEROY				egory/ vpe							
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Full Name (Last, First, Middle Initial) THE COMMITTEE TO RE-ELECT ED TO	WNS					saction ID of Disburs			9806		_
Mailing Address 426 C STREET NE					0 ^M 9	M / D	0 9	/ Y	žoŏs	9 ^Y	
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